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## ORIGINAL DEPARTMENT.

### LECTURE.

#### THE CLINICAL APPLIANCES FOR THE INVESTIGATION AND TREATMENT OF DISEASES OF THE NERVOUS SYSTEM.

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Reported by Geo. S. Hull, M.D., Resident Physician.

GENTLEMEN:—Before taking up special diseases of the nervous system, I will call your attention briefly to the instruments used in their study and treatment. As electro-medical and Swedish movement apparatus are of sufficient importance to merit detailed attention, I will postpone their consideration to other lectures.

Both for diagnostic and prognostic purposes, as well as for therapeutical reasons, it is often necessary to study the condition of cutaneous and muscular sensation in patients suffering from nervous diseases. This can, of course, be done roughly, by tickling, pinching, pricking, pressure, contact of hot and cold bodies, and analogous methods; but for exact and satisfactory determinations, we have several instruments at command. The chief of these, one form of which I show you, is the *Æsthesiometer*, or measurer of sensibility. This consists simply of a pair of compasses, to one arm of which a brass arc or bar having on it a scale, is attached. This arc or cross-piece passes over to the other arm, and serves to indicate the distance apart of the points of the dividers.

The working of the instrument depends on the fact that in health we are able to distinguish two impressions made simultaneously on the skin only when these impressions are separated by certain distances, varying for different regions of the body. Tables have been published, showing the least normal distances at which two points can be distinguished. One of these, from "Müller's Physiology," is given in the introduction to Dr. Hammond's "Treatise on Nervous Diseases." Thus the interval for the dorsum of the foot, near the toes, is eighteen lines. I have here a well marked case of locomotor ataxia, with decided loss of sensation. On testing him with the *æsthesiometer*, you observe that he is unable to separate the points at a distance of several inches. He cannot tell you positively whether he has been touched by one or two points. In using this instrument, you must attend carefully to several matters of practical importance. The patient should be made to close his eyes, or to look away from your hand, while the tests are being tried. You must apply the two points simultaneously upon the skin. If the impressions are made one after the other, instead of both at the same time, the value of the test is, of course, destroyed. The patient must be directed to speak at once, as soon as the point or points, are felt. If he stops to think about the matter, his answers become worthless. It is a question of instant recognition, and not of reasoning.

Cutaneous and muscular sensibility can both be determined by means of electricity. The

electro-sensibility of the skin is best made out by faradization with the metallic brush; but to bring out the condition of sensation in the muscles, wet rheophores are preferable. Two parts of the body can be compared, or the application can be made to two individuals.

Leyden, as mentioned by Erb, has devised a peculiar method of testing electro-sensibility by faradic currents. He uses a pair of tactile compasses, connected with a faradic apparatus, to determine the minimum strength of current required to produce an electrical sensation. At the same time provision is made for reading off the distance separating the coils of the induction apparatus, thus rendering it possible for a comparative numerical estimate to be formed.

The strength or motor power of patients, particularly as shown in the grip, is sometimes tested by means of the Dynamometer, or measurer of power. The most common form of this instrument consists, as you see, of an elliptical steel spring attached to a semi-circular scale, around which an indicator is free to move. This is connected, by cog-work, with a steel arm, the lower end of which touches the spring when the index points to zero, one end of the scale being marked zero and the other 100. The one hundred degrees represent about the distance to which the grip of a vigorous adult can drive the indicator. To use the instrument it is grasped as firmly as possible by the hand, and the two sides of the spring are pressed together steadily. The indicator remains at the point to which it has been forced by the muscular strength of the patient. The left hand can be compared with the right, or the grip of a sick with that of a healthy man. I place the instrument, for instance, first in one and then in the other hand of this patient, who has partially recovered from an attack of left hemiplegia. With his right hand, employing all the force possible, he moves the indicator to 90° on the scale, while with the left he can only urge it to 40°. With the dynamometer we can determine from day to day whether any improvement is taking place in such a case.

A Dynamograph, or instrument for writing down the muscular strength of an individual, can be made by attaching to the dynamometer a toggle joint which moves a steel rod carrying a pencil. As the sides of the spring are approximated, the pencil traces a line on a paper which is carried forward on a plate by a sphygmograph movement.

Thermometers are instruments of value to the neurologist. It is not my intention, however, to-day, to speak of the various uses of the general or axillary thermometer in special affections of the nervous system, such as meningitis—simple, tubercular, or epidemic, spinal injuries, insanity, and malarial neuroses. I wish, rather, to direct your attention to the *Surface Thermometer*, an instrument for determining local temperature, which is often a matter of much interest, and not rarely of practical importance, in the diagnosis and treatment of nervous diseases. The surface thermometer can, for instance, be used with advantage in infantile paralysis, in some local palsies, in hemiplegias and paraplegias, and the like. In certain cerebral disorders it will sometimes show a higher temperature on one side of the head than on the other. In local spasmodic affections and neuralgias, it may also indicate delicate thermal changes. It may likewise be brought into service for other diseases than those of the nervous system; and in surgery, ophthalmology, dermatology, etc., it has its uses; but I am concerned at present only with its employment in neurology. We owe it chiefly to Seguin, who, ten or twelve years ago, urged upon the profession the necessity of an instrument of this kind. Its bulb is flat, so that it will rest steadily upon any part of the body. It is carefully graduated, and very sensitive to heat.

As we have no "norme," or normal temperature, for surfaces, we make our observations by comparison of diseased with healthy parts. If we have only one thermometer, we place the instrument first over the affected muscle or organ, and then over an analogous or corresponding healthy region, noting the differences of temperature. Generally two or more surface thermometers are employed at the same time. Having two exactly alike, when you wish to make observations, you first warm them to three or four degrees below the healthy standard, and then apply them perpendicularly, and without marked pressure, to the skin. The places of application will depend upon the nature of the disorder. If you are dealing with a local paralysis of the face, arm, or leg, one instrument can be applied to the surface over the muscles affected, while the other is held to a corresponding point on the healthy side. The two temperatures are noted and compared.

Seguin's advice is to leave the two thermometers three minutes *in situ*, and read, then two minutes more, to make sure that you have attained the pathological difference between two points whose physiological temperature is alike. The axillary temperature may at the same time be determined, in order to ascertain the constitutional derangement brought about by the local process.

Instead of the mercurial surface thermometers of Seguin and others, the thermo-electric pile may be usefully adapted to the purposes of local thermometry. Delicate and accurate determination of temperature can be made by apparatus of this kind, with great facility and rapidity. Becquerel's Disks, which consist of pieces of copper and bismuth soldered together and connected with a galvanometer, are sometimes used. In the *New York Medical Journal* for June, 1867, Professor Lombard, of Harvard University, published some interesting "Experiments on the relation of heat to mental work," which are highly suggestive in regard to the employment of thermo-electric instruments, in the study of the brain and its disorders. He placed a thermo-electric pile, which was connected with a galvanometer, on various parts of the head, and observed the results produced on the needle by different mental operations. Most striking effects, for instance, were caused by reading aloud or reciting poetry. Rises and falls of temperature took place during exercises which called forth different powers of the mind. In some cases the temperature of the front of the head fell while that of the back rose.

In the *British Medical Journal*, for 1875, a Thermo-electric Differential Calorimeter, which can be made of considerable service to the neurologist, is described by Dr. Lombard. Two thermo-electric piles—one for a sound and the other for a diseased part—are connected with a galvanometer. The direction in which the needle of the galvanometer deflects indicates which of the two parts, on which the piles are placed, has the higher temperature.

The Cautery Iron is an instrument whose value in the treatment of certain nervous disorders, such as epilepsy, local spasm, neuralgias, apinal irritation and beginning paraplegias, is every day becoming more and more fully recognized. Brown-Sequard has done much to make this method of treatment popular. The instrument generally used is made of iron, terminating in a button, shaped like the blunt

end of an olive. It is a matter of some practical value for it to have a long shank, so that the heating may be done at an ordinary stove or furnace, without burning the wooden handle, or causing discomfort to the operator. Usually small charcoal furnaces are employed. It should be heated to whiteness and passed rapidly over the skin. This procedure is comparatively painless, and does not cause a slough. Instruments with platinum tips have recently come into use. Being small, they can be heated by a Bunsen burner, or alcohol blast lamp. An objection to the iron instrument is that scales form, by oxidation, and these may fall off and injure the patient. This, however, is not likely to happen. Instead of either the iron or platinum-tipped instrument, a heated glass rod may be employed, as recommended by Dr. William H. Thompson, of New York. This is certainly the most convenient appliance.

In an article by Allan McLane Hamilton, M. D., on "The Use of Revulsives in Diseases of the Nervous System," published in the *Philadelphia Medical Times* for September 4, 1875, is described an ingenious instrument for the alternate application of dry heat and dry cold, a most valuable form of revulsion in spinal irritation and other nervous maladies. It consists of two chambers of brass, three inches in diameter by one and a half inches deep. These have screw plugs inserted, so that they may be removed and the chambers filled, one with cold water and salt, the other with hot water. These chambers are fixed on a rod and separated by an insulating or non-conducting substance. The rod terminates in a handle. The flat surface, covered by thin flannel, is placed against the bare back, on either side of the spinous processes of the vertebræ, and the instrument is passed up and down quite rapidly. As the heated surface moves instantaneously to where the cold one was an instant before, the effect is quite marked.

Beside the appliances to which I have now called your attention at some length, a few others of more or less value are sometimes employed in the investigation and treatment of nervous diseases, but to these I will only have time to briefly allude. The Cephalohæmometer is an instrument devised by Dr. S. Weir Mitchell, and primarily intended for experiments on lower animals; but it has been used by Hammond and others to determine the condition of the circulation in the vessels of the

brain. It may be brought into service in cases which have been trephined. As described by Hammond, it consists, first, of a metallic tube, which is fitted into the opening in the skull. Into the upper end of this tube is secured another, of brass or iron, the lower opening of which is closed by thin india-rubber, and the upper by a brass cap, into which is fastened a glass tube. This inner arrangement contains colored water, and as the thin india-rubber is made to press on the dura mater, the column of liquid will rise or fall in the tube according to the amount of blood in the brain. An ophthalmoscope is, of course, a necessity to the scientific neurologist. The instruments of Loring and of Knapp are among the best. The microscope should often be called into service; and with it an instrument known as Duchenne's trocar may be found useful. This is a contrivance for removing small pieces of muscular tissue for microscopical examination. You may, by means of it, be able to determine the amount of degeneration in a paralyzed muscle; or you can ascertain, from time to time, the rate of repair in muscles which are under treatment. I have found the German instrument by means of which a number of fine needles are rapidly plunged into a part, a valuable counter-irritant in some affections of the nervous system. A spray apparatus for refrigerating the head, or the surface over the spinal column, will sometimes prove serviceable. Such instruments as hypodermic syringes, testing apparatus, tuning forks, etc., have a self-evident application in nervous disorders, as in other departments of medicine.

## COMMUNICATIONS.

### THE PATHOLOGY OF AGUE, AND THE AGENT THAT PRODUCES IT.

BY A. S. STONEBRAKER, M.D.,  
Of Waco, Texas.

There is no subject, perhaps, in the long catalogue of diseases, that has attracted more attention by the medical profession than that of the pathology of what is known as miasmatic, or malarial fever. In 1695, Dr. Sancisi, a distinguished Italian physician, I believe, was the first to put forth distinct ideas and theories concerning the so-called malaria; and

from that time to the present new theories have been promulgated, soon to explode, leaving us as much in the dark as centuries ago, especially concerning the morbid agent that goes to produce the disease. Occasionally an over sanguine chemist has conceived the idea that he had discovered the peculiar poison known as miasm, and had possessed the erratic enemy in a tangible form; but he, too, has been forced to admit that the wily agent had eluded his grasp.

The profession has, for ages, with one accord, attributed all periodic fevers to the effect of miasma, a specific poison, absorbed and taken in the circulation of the blood, thereby chemically changing and contaminating it, a theory I have never been able to reconcile with the character of the disease. For the sake of convenience I shall use the terms miasma, and malaria, but I believe there is another and a better term for this agent, more consonant with the disease it produces, which I shall endeavor to explain, as clearly as possible, and which I shall denominate the morbid electrical fluid.

In the first place, I cannot admit, and must deny, that malarial fever is a blood disease; and will submit, as a fact demonstrable, that the blood is simply the vehicle which conveys the morbid agent, and no effect is produced until the structure for which the fluid has the greatest affinity has become ready, from some predisposing cause, to receive the impression of the agent, and thus will be specifically affected; which structure is the nervous system. The advocates of the chemical hypothesis contend that the constituents of the blood become altered and contaminated by the peculiar miasm or virus, but when such blood is introduced into the circulation of a healthy individual, it gives rise to nothing like the original disease.

Why it is that certain morbid agents select particular organs and tissues to exert their actions upon, we do not know; but that such is the fact all medical observers will bear witness. Neither is it more surprising, than that some of the natural fluids of the body, like the urine, bile, etc., remain with impunity in some parts of the body, while if they gain admission to other parts, as the cellular substance, or peritoneum, they occasion inflammation, sloughing and death. So far, therefore, as determining by means of chemical analysis, the exact constituents of the morbid agent called malaria, may



be regarded a delusive hope; as Liebig, in his animal chemistry, truly observes, "with all our discoveries we shall never know what light, electricity and magnetism are, in their essence. We can ascertain, however, the laws which regulate their motion and rest, because these are manifested in phenomena."

This is equally true, when applied to malaria as I regard it, an electrical agent, produced in certain localities, possessing certain active principles which are latent and unappreciable in the natural state, and are only called forth and developed by the influence of some other agent or process which effects a transformation, or metamorphosis of the crude material. Thus it is with heat, electricity, and magnetism; each only becomes apparent when certain physical substances operate upon each other in such a manner as to disturb or change the original state of cohesion of particles. The morbid agent called malaria is produced in certain localities, by a combination of circumstances and elements, in certain definite proportions, and has an elective affinity for the nervous system; conveyed thence, *perhaps*, through the circulation of the blood, and if so, without impressing the great arterial system.

Any medical man who has had any experience in the treatment of ague must have been struck with the peculiar shock made upon the nervous system; an impression not unlike that of an ordinary electrical shock, only of longer duration, and of milder form.

This electrical agent is not the result of decaying animal or vegetable matter, as is generally taken as a fact, but *may* be, and frequently *is*, generated in localities where there is no vegetation, either decaying or otherwise, and that are perfectly dry, and facts can be adduced to show that the decomposition of vegetable substances is only an accidental accompaniment of the miasm, and not by any means an essential condition of its evolution.

Dr. William Fergusson, an English physician of wide experience, in an interesting paper, "On the Nature and History of the Marsh Poisons," published in the "Edinburg Philosophical Transactions," says, "In August, 1794, after a very hot and dry summer, our army in Holland encamped at Rosendaal and Oosterhout. The soil in both places was a level plain of sand, with a perfectly dry surface, where no vegetation existed, or could exist, but stunted heath plants. It was universally percolated

within a few inches of the surface with water, which, so far from being putrid, was perfectly palatable. Here fevers of the intermittent and remittent types appeared among the troops in great abundance." Many instances of a similar character could be given. A striking example occurred under my own observation, a few years ago, in Baltimore city, Maryland. The north-western part of the city is built on very high ground, and from the natural drainage is kept perfectly dry, and entirely free from either stagnant water or decomposing vegetable substances. Up to that time that part of the city was sparsely built, and owing to the healthfulness of the locality, a demand was created for residences, and the greater part of the unoccupied ground was built upon in the course of one or two years, in consequence of which a great deal of fresh earth was turned up, by excavating cellars, etc. Immediately thereafter intermittent fever set in, and prevailed for one or two seasons, scarcely a family escaping the disease; while prior to that time a case of ague was not known to originate in that locality. The latter is another convincing proof, to my mind, of the fallacy of the theory of vegetable decomposition; but there was an element arose or brought into action, from or by the upturned earth, combining with another element necessary in the premises, or being acted upon dynamically, which produced the morbid electrical agent causing ague. This electrical agent is rapidly produced, and one or more principles may exist naturally in all conditions, and the moment in which the substance of the atoms combines with the new element necessary to the production of the morbid agent, that moment it acquires the capacity of penetrating the organism, and exciting therein its deleterious effects. This agent brought in contact with the invisible extremities of nerves, its hyper-microscopical atoms will enter the organism at the same time with their superficial electricity, and will, if the nerves be in a perfectly natural state, be thrown out of the system without impediment, even after having penetrated it in every direction. But if a body is in a state of imperfect health the power of conduction proper to the nervous substance will be materially diminished, and the morbid electric current leaves the atoms at the enfeebled spots, where they exert a detrimental influence. This electrical miasm is incapable of imparting its peculiar influence, unless it is brought into contact with

those tissues for which it possesses a kind of elective affinity.

I am not sure that it is necessary for the miasma to be absorbed, and pass through the arterial system, to produce its effect on the human economy, but it may operate by making its primary impression upon the sentient extremities of the nerves, impairing their integrity, and rendering them incapable of conducting the electrical stimulus to the extreme vessels, and therefore produces the shock. The extreme terminations of the nerves are so highly impressible that the very minutest quantity of a specific agent is capable of producing prompt and decided effects, while the same agent would prove powerless if applied to the larger nerves. Thus it is that imponderable substances and mental emotions are so often the causes of disease. Sometimes a morbid agent may be powerless to exercise an influence upon any tissue, and may remain in the system an indefinite length of time without affecting it, and yet retain its activity. The reason for this may be explained thus: the tissues upon which it acts by affinity are in so perfect a state of vigor as to be able to resist the power of the noxious agent, until some cause shall enfeeble the part to be affected, and thus predispose it to receive the injurious impression.

The same explanation will justly apply to the latent principle of malaria, as often experienced by those exposed to its influence; the morbid agent remains harmless for months, when suddenly some tissue becomes enfeebled and incapable of resisting the action of the specific agent, and the disease in all its violence bursts forth. The nervous system is not unlike an electrical battery, possessing, as it does, a peculiar imponderable, invisible principle, which may be thrown into active operation by coming in contact with another electrical element, producing good or evil effects, as to the agent employed.

The great nervous system may be properly likened unto an electrical battery; the various branches act the part of the poles for conveying the current; and when all the ramifications of the nerves are charged by this morbid electrical fluid, a physical impression is made upon the human economy, very like that of a shock received from an electrical battery.

In the effort of the noxious electrical fluid to expand itself upon the nervous system, the primary impression is that of rigor and shrink-

age of the parts, with contractility; the secondary impression is that of heat, caused by the rapid expansion of the parts previously acted upon, necessarily causing the evolution of heat, and what is known as the febrile stage of the disease.

As I said before, it is not necessary to have decaying animal or vegetable matter to produce this subtle agent, but it seems to require heat and moisture, and not the earthy substance of any particular locality; for instance, a subject predisposed to ague may eat heartily of watermelons, afterward expose himself to the heat of the sun for an hour or more, and he is a fortunate individual if he escapes a chill. Such instances of the rapid production of chills are numerous, and, certainly, we cannot attribute such attacks to the malaria of a marshy district; but it is a convincing proof that this subtle agent may be generated and produced in a very short period of time, similar to that of an electrical current, and the watermelon in such cases is simply a factor, the effect of which, when brought in contact with agents natural or unnatural to the human system, subjected to the heat of the sun, generates the morbid electrical fluid, which, as soon as the battery (the nerve centres) is charged sufficiently, electrifies the whole nervous system, with all the pathognomonic symptoms of regular ague.

This agent possesses certain peculiar and distinct properties which enable it to exercise an influence only on particular nerves, and will pass over, in fulfillment of this law, various intermediate nerves of more direct anatomical connections. This principle of elective affinity, being so universal, as applied to morbid, as well as remedial agents, the influence which any substance of either class exerts upon the organic elements can, with propriety, be denominated its specific effect.

Therefore, this miasmatic electrical substance possesses the property of selecting that tissue for which it has an affinity, and of expending its entire primary action upon the particular parts selected; the sympathetic modifications, the result of variable degrees of strength and purity, operate mainly as secondary phenomena. It is by virtue of this law that medical men have been enabled to classify diseases; and that medicines may be administered which operate with certainty upon particular tissues and organs. The electrical influence of mias-

ma is not entirely a new idea, as some writers long since attributed the operation of medicines to the same influence. Bischoff says, "All bodies, by contact with each other, act as electrics, without, however, necessarily undergoing any chemical changes. Therefore, when a medicine is applied to the organism its action is electrical." The instantaneous effect of very minute quantities of hydrocyanic acid and some of the gases most certainly bear a close resemblance to the overwhelming shock of lightning, and therefore, it must be conceded, go far to sustain this opinion.

Whether all morbid and remedial agents act dynamically or electrically, may admit of a question, but it is quite clear to my mind that miasma is an electrical agent, and its primary impression is made upon some portion of the nervous system, and that its action is electrical. An individual may have but one chill, or a few, and no more; which may be explained in this wise; the amount of the morbid agent generated in the system is dependent upon circumstances, just as is the case with the preparation of an electric battery. There is more than one element necessary to the production of this agent, and there may be a deficiency of one or both in the human battery, and consequently only one or more charges are generated, after which there can be no more until the battery is supplied with additional elements. The time required for these elements to produce the morbid agent may be variable, according to the degree and quantity, and this may explain the periodic character of the paroxysms. Many theories have been advanced by pathologists, to account for the periodic occurrence of the paroxysms at regular and stated times, but reasoning upon the theory that miasma was a poisonous chemical agent, absorbed and taken in the circulation of the blood, producing a chemical change, thereby vitiating that fluid, of course, they found themselves at sea, and just when they supposed they had grasped the miasmatic problem, their attempts at explanation have been either quite hypothetical, or totally insufficient and illogical.

One writer has ascribed the intermission to a periodic development of the fermentable matter in the blood. There has been no such development in the blood shown, nor any evidence of it; and if such were the fact, that such development took place, the question would recur,

why such development should occur periodically.

Another referred the periodic character to some general law of the universe, in which he conceived some vague idea of such influences as the alternation of light to darkness, the ebbing and flowing of the tides, the periodic character of the seasons, *et cetera*; but in this there is no rational explanation at all. Still another advocates a most singular theory upon the subject; he attributes the periodic phenomena to the alterations necessarily produced in the human economy, especially in the functions of the circulation of the blood, by changing the position from the upright to the recumbent, and vice versa, every twenty-four hours, in the waking and sleeping periods. If such a theory was correct, it would not be necessary to resort to medication, but change the order of things, and refrain from the horizontal position during sleep, for a period. There have been many other and equally illogical and irrational theories promulgated in explanation of this peculiar phenomenon, but all have failed to satisfactorily enlighten the profession.

I am clearly of the opinion that the pathological theory of the periodic phenomenon can be accounted for, logically and rationally, when we have convinced ourselves of the nature of the agent that produces it; and I have endeavored to show, what is clear to my mind, that all the symptoms and phenomena of ague are attributable to an electrical morbid agent. This agent exists as an element of its own, perhaps, and only requires the action of some other power or substance to set it in motion, the same as producing the electric battery, which, when charged by the action of acids on certain metals, gives off the subtle fluid which produces the shock. This fluid exists in certain localities and under certain conditions; as before said, when there is a surface capable of absorbing moisture, having been flooded or soaked with water, then by a high temperature becomes dry quickly. This agent is received into a portion of the greater nervous system for which it has an affinity, and when the organic battery becomes so far charged with the fluid, it is conveyed off through the ramifications of nerves to the sentient extremities, until the battery has expended the charge. If there still remains a portion of the fluid in this organic battery, it immediately commences to increase in volume until the battery is again charged to its capacity,

and again discharged, requiring greater or longer periods of time, according to the condition of the battery, and the amount of the element in the battery.

The whole charge may be expended with one paroxysm, thus leaving the individual free from another attack until exposed to the same influence that produced the original one. This organic battery may retain the fluid in a moderate degree for some considerable time, until there is some exciting cause to put it in motion, and increase the charge. So subtle is this agent, that no evil effect or deleterious impression is made upon the system by its existence, until the charge is sufficient to expend its force on the nervous extremities, producing thereby contraction of the tissues, and the corresponding expansion, evolving heat, and producing fever. As to the *methodus medendi*, I shall have but little to say, as my object has been mainly to inquire into the pathology of the disease, and the morbid agent that produces it. One general principle, advocated by Paine, in his "Institutes of Medicine," I shall quote as consonant with my own views, as to the treatment. He says, "all diseases consist in a modification of the vital properties, and a consequent change of function, and are therefore, only a variation of the natural states; the artificial cure consists in a restoration of these properties and functions, by making upon the former certain impressions which enable them to obey their natural tendencies to a state of health."

"Remedial agents of positive virtues operate like the truly morbid, but less profoundly, in their therapeutical doses, and the philosophy of their cure consists in establishing in a direct manner certain morbid alterations in the already diseased properties and actions of life, which are more conducive to the natural tendency that exists in the vital properties to return from a morbid to their natural states." While cinchona and its salts are improperly regarded specifics for the cure of ague, they no doubt possess in a wide degree the requisite properties for arresting the production of the morbid electrical fluid; but salicylic acid, although used by me to a limited extent, comparatively, fulfilled the ends more satisfactorily than any drug in my hands. The *modus operandi* of the cure of ague is not by the change of tissue produced by the remedy used, by being absorbed into the circulation of the blood.

The remedy, to effect a cure, need not be such as will produce any change of tissue, but such as has a negative electrical character; one that will neutralize or negative the organic battery, and thus destroy the charge, and prevent an accumulation of the fluid in the human battery; in short, *one that has an affinity for the nervous system.*

I have purposely refrained from suggesting, more than incidentally, any particular remedy or plan of treatment in this paper, but confined myself to the pathology of the disease, hoping that future research may develop into use a remedy more reliable and better suited to the malady under consideration. It occurs to me, however, that electrical or tetanic remedies are indicated, as we have abundant proof of the action of sudden and electrical impressions in arresting an attack of ague by such means as fright and joy, and more pointedly, by the subject being suddenly and unexpectedly plunged into water. I am aware that some of my suggestions savor somewhat of the Hahnemannian doctrine, but I claim that we, as a profession, are *strictly* eclectic, and everything in *pathology, physiology and therapeutics* belongs to us as such, and it is not only our privilege, but our *duty*, to seek that which is good, and profit by it.

The views set forth in this paper are not entirely of recent origin, as my note-book shows that I promulgated similar theories, as to the pathology of ague, as far back as 1859, in private intercourse with medical friends, and many agreed with me as to the nervous connections.

I know that any theory promulgated that is so entirely at variance with the preconceived views of the profession will meet with criticism, perhaps severe, but if conducted with kind and generous sentiments, can only result in good; and such I heartily seek, as I hold my views subject to correction, and possibly to refutation.

#### GUAIAIACUM IN THE TREATMENT OF QUINSY.

BY R. J. FRITZINGER, M. D.,  
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Reiteration of the good qualities of that which even is commendable, will prove tedious when occurring at too close intervals; but as now considerably over three years have elapsed



since the attempt was made to bring more prominently to notice the great value of guaiacum, in the treatment of quinsy, the present communication may not be inopportune, since this is the season for tonsillitis; or rest under the suspicion of being premature, when it still can be maintained that not the least need be retracted from what was then advanced (REPORTER, No. 923).

The initial experiments with this remedy were made under circumstances peculiarly favorable for observation and fair trial. Subsequently, the results were formulated into a treatment to which strict adherence has been given in nearly all cases, from the fact that it has proven all that is desirable in combating a complication of disorders of the throat, which previously had been a source of great annoyance from unsatisfactory medication. Other remedies were employed before, with the usual unsatisfactory ending of the case, but now a prescription is given with the assurance of speedy relief, and with the conviction that the prediction of a prompt cure will be verified.

At the time of the previous communication, quinsy alone headed the category of complaints amenable to the specific influences of this drug; but now all its neighboring congeners—sore throats of all kinds—have been added to the list. It is indeed surprising to see the rapidity with which the congested, yet flabby, uvula and soft palate will regain their normal tonicity, and how quickly the angry redness and tamefaction of the parched and painful mucous membranes will disappear when subjected to the action of this medication.

An article which was overlooked, and to which, very evidently, not sufficient attention has been given, can be found in THE COMPENDIUM, page 131, July, 1870, from an authority eminently worthy of notice, who details a treatment, substantially as here advanced, on this disease, which has hidden defiance to the remedies of more than one practitioner, and to combat which, many have ran through the whole gamut of their prescriptions without producing the desired cure.

On page 87, current volume, guaiac is parenthetically mentioned as a specific in follicular tonsillitis, and it is summarily dismissed.

If by follicular tonsillitis is designated that form in which the glands are partially or entirely covered with a tenaceous white secretion, caused by morbid action or degeneration of the mucous follicles, then it is a matter of surprise

that a remedy acknowledged so undeniably efficacious should be cut off with less than two lines, when it is a well-known fact that, in the great majority of cases, this secretion is pathognomonic of the severity of the complaint, and characteristically an index of the rapidity with which morbid action will take place in the parenchyma of the gland. Quinsy is a distinct disease, and will always prove phlegmonous if not arrested promptly by proper treatment. Simple angina, with slight incidental swelling of the tonsils, should not be diagnosed and treated as quinsy, and then be claimed as a cure effected by the general routine manner of treatment.

By contact guaiacum has the quality of causing the viscid secretions to become more consistent, and thus facilitate their removal, either by expulsive efforts of the patient or by gargles. Although this primary action locally is most unquestionably highly beneficial, it is owing to its secondary physiological effect upon the engorged capillaries, ramifying in the body of the gland, that the resolution is immediately accomplished. It is unquestionably owing to these peculiar properties of coagulative stringency locally, and the tonic action upon the walls of the over-distended capillaries, giving them force to expel the superabundant blood they contain, that gives guaiacum its specific virtues in curing quinsy.

As there is thirst and fever, and dryness and burning of the throat, the addition of nitre and potass. chlor. will meet the indications, and will modify the formula so as to be more agreeable for the patient. The following is a combination that has been used quite extensively for several years, and will be found as agreeable to take as any:—

R. Potass. chlor.,	3j
Spts. æth. nit.,	3iv
Tr. guaiac,	3vj
Syr. aurant. cort.,	3vj

Sig.—A teaspoonful every two hours, in water.

This should be taken in about a tablespoonful of water, or a sufficient quantity to allow the warming and constringent effect of the guaiac to be felt in the act of swallowing, and it is desirable that this should be done slowly. In case the bowels move too freely the dose should be diminished, and as the disease ameliorates it should be administered at longer intervals.

If there is permanent enlargement, of not too

long standing, the application of a solution of tannin in tincture iodine and glycerine, applied to the gland, with a course of guaiacum internally, will prove of good service.

March 6th, 1878.

## HOSPITAL REPORTS.

### UNIVERSITY HOSPITAL.

CLINICAL SERVICE OF DR. WM. GOODELL,  
Professor of Gynecology in the University of Pennsylvania.

SPECIALLY REPORTED FOR THE MEDICAL AND SURGICAL REPORTER.

#### Angulation of the Cervical Canal.

This patient has a small, conical-shaped cervix, no larger than my little finger. Upon endeavoring to pass the sound into the cavity of the womb, I find that it stops at the os internum. The cervical canal is not contracted, but there is a sharp bend in it.

How shall I treat this angulation? I intend to straighten the canal if I can, but first I will dilate it. When dilatation is easy it is likely to be a failure, as far as permanent benefit is concerned. You see that I am using an Ellinger dilator. By dilating gently and gradually I have succeeded in introducing it all the way. In some cases it is impossible to secure a permanent expansion. When this is the case you must lay aside your dilator and incise.

In dilating, it has recently been my habit to leave the dilator *in situ* until the woman shows some signs of returning consciousness. The best time to dilate a cervical canal is just before the appearance of the monthlies, particularly when there is much dysmenorrhoea. When you find it necessary to incise, the proper place for the incision to be made is at that side of the external os opposite to the bend of the canal.

#### Closure of the Vulva for Vesico-Vaginal and Recto-Vaginal Fistulae. Hemorrhoids.

This is the same woman whose vulva I closed some time ago, for vesico-vaginal and recto-vaginal fistulae. You will remember that thirteen years ago this woman went into her first labor. It was an arm presentation, giving no chance for turning, but showing a tendency to spontaneous evolution. The child was born while one of the attending physicians was away and the other asleep. Very extensive sloughing of the upper and outer walls of the vagina followed the labor. The whole base of the bladder and a large part of the urethra were destroyed. The woman came to me last spring to have the operation for vesico-vaginal fistula performed, but this I found impossible, as no flap could be obtained. To remedy her trouble, and as a first step in the operation for

closure of the vulva, I passed the galvano-caustic wire into her rectum, and made an artificial recto-vaginal fistula, with the intent of converting the rectum into a bladder. At first the rectum objected seriously to the presence of the urine, and she has to empty her bowels very frequently. Afterward, however, she only had a passage two or three times daily. I took this first step last spring with a purpose. Artificial recto-vaginal fistulae are very likely to close up again, whereas the success of the operation for closure of the vulva depends upon the permanency of the opening into the rectum. Having secured a permanent opening into the rectum, I proceeded, last November, to close the woman's vulva. You remember the particulars of the operation. When the stitches were removed, upon the ninth day after the operation, the union of the sides was found to be complete, except just at the site of the meatus urinarius. At this spot a small fistulous opening remained, through which the urine trickled out. I attributed the existence of this opening to the fact that, under-estimating the strength of the sphincter ani, I had used a flexible, instead of a silver tube, to drain off the urine, and that the contractions of the anal muscle had closed the catheter, and so forced the urine to find other means of egress, which it did by working its way out just below the meatus. Early in December I closed this fistulous opening by cutting flaps from both sides. By this second operation, I am happy to say, I have completely succeeded in closing the opening. In a case of much the same nature as this, which I saw with my friend, Dr. W. W. Keen, as many as thirteen operations had to be performed before complete union was secured. The woman now only gets up twice at night to make water. At first, in the daytime she had an evacuation of her bowels every seven minutes; now she only goes to stool every two hours during the day.

I bring her before you to-day that I may remove two piles that have lately been annoying her much. You see that the meatus and vulva are both entirely closed up. I made the recto-vaginal fistula large enough for her to get her finger into the vagina through it, and so remove any faeces which might find their way into the artificial vaginal cul-de-sac. As regards the piles, you see here one of a polypoid character. It has quite a long stem. If I were to snip it off and leave the stump untied, the patient might bleed to death. It is customary to transfix the stem of a pile and then tie it on both sides, but I will cut a little groove in the skin and tie a thread around the stem without transfixing it. For this purpose I am in the habit of using English plaited thread of three strands. All the blood vessels enter a pile from its upper margin. Nicks and grooves in which the thread can be tied may therefore be cut in the lower side with impunity. Here is another surface pile which I will cut off without tying. There is, you see, only a little bleeding; to stop this I shall cauterize the stump.

Of course this woman, fortunately a widow, will have to remain single the rest of her life. Her reproductive organs are of no use whatever; in spite of this disadvantage, however, the patient's mental and physical condition have been vastly improved by the operation. If it should happen that her rectum should, at any time, begin to show the signs of persistent and irremediable irritation, there would be nothing left for me to do but to open the closed vulva again. From the present favorable appearances I hope that nothing of that sort will ever be necessary.

#### Retroversion.

The womb, in this case, is turned completely over backward; there is not, however, any bend in its axis. The most common cause of this condition is allowing the bladder to become overfull. An overfull bladder pushes the womb back until it is, perhaps, caught by the descending faeces and retroverted, thus partially occluding the rectum.

This woman is thirty-five years old, has been married four years, and has had three children. The last child was born four months ago. After the birth of her first baby the woman had some trouble in retaining her water; she says that occasionally she was obliged to get up as often as twenty times in the course of the night, to make water. She was better after the birth of her second child. Her courses began three months after the birth of her last child. She has suffered a great deal from bearing down pains, and has abundant leucorrhœa.

One of the great causes of displacements of the uterus is subinvolution. There is, of course, more weight and blood in a subinvolved than in a virgin womb. The womb is first bent by its extra weight and then sags down. I should mention here that this patient has suffered considerably from pruritus within the past few months.

Upon examination, I find the womb is larger than it should be, has a velvety feeling, and is heavier than natural. This by the vagina. Upon deep palpation over the pubis I am not able to feel any womb. Posteriorly, however, by a careful rectal examination, I discover quite a large tumor. Let me pass a sound into the uterine cavity. There is no erosion of the cervix. The cervical canal is not contracted, and the womb is longer than natural by about half an inch. I am able to note a very marked retroversion of the organ. The woman has, however, been using a pessary for some time, and has so changed the retroversion to a sinistro-lateral version. The retroverted womb did not, fortunately, contract any adhesions.

I am going to use an "Elliot's Repositor" to change this womb from a position of retroversion to one of antelexion. This instrument, which I have often shown you before, is a most excellent one. The introduction of this instrument causes some pain, by reason of the existence of some endometritis.

There has also been a good deal of hyperplasia of the connective tissue; a numerical in-

crease in the number of tissue cells is known by the name of areolar hyperplasia. I shall turn the screw of the "repositor" very slowly, as the lining membrane is very tender to the touch. I shall make use of this instrument once every week, for the purpose of getting the womb into its proper position. But the organ is too large; how is that condition to be remedied? I intend to apply some strong nitric acid to the inside of the cavity, and so stimulate the uterus to contraction. To prevent the acid from touching the walls of the cervical canal I pass it into the womb through a platinum tube. How often is it safe to make an application of this character? Not more than once a month. Never apply the acid recklessly.

I am going to pass in a pessary, to support the womb. I shall tell the patient when she goes home to take a vaginal injection of warm water, in temperature from 110° to 115°.

I have spoken to you of "Elliot's Repositor," but there is another way of reducing a retroversion; it is this: Catch hold of one of the lips of the cervix with a " volsella," and while holding on to the cervix, put your finger behind the fundus of the womb and push it up. Remember that you cannot readily straighten a womb with a curved sound; you simply twist it on its axis. If you change the curve of the sound a little, however, each time you pass it into the womb, you may finally succeed in reducing the displacement.

#### Retroflexion.

This woman is 42 years old, is married, and has had six children, the youngest of whom is 12 years old. She comes to us complaining of pains in her right hip, back and shoulders. She also suffers from frequent bearing down pains, palpitation of the heart, and flashes of heat. These heat flashes, I may say to you, are not hyperæmias, but perverted nervous expressions—nerve gusts bursting upon an organ such as the stomach, uterus, ovaries, heart, or bladder, just as a wave beats against the shore. The burning pain in the woman's right groin is undoubtedly ovarian in its nature, due, probably, to some irritation of the uterus. The patient still sees her monthlies.

Upon examining her womb I find a tumor posteriorly, evidently a retroflexion. My treatment here will be by pessaries. The Hodge pessary will be the best. Stem pessaries are also of value where there is flexion of the organ, but they need watching. In putting in my Hodge pessary I take care to see that its upper bar presses upon the organ beyond the point of flexion.

#### Rectocele.

This woman is 45 years of age, and married. She has had four children. Her present trouble dates from the birth of her last child. Upon examination I find quite a large tumor projecting from the mouth of the vagina. This tumor is much increased in size when the woman strains. It evidently has no connection

with the uterus as rectal and vaginal examinations show me. Upon percussing it I elicit resonance. I find that it has no connection with the cervix, and springs from the posterior wall of the vagina. It must therefore have something to do with the rectum. It is, in fact, a rectocele. I can introduce my fingers within this bag through the rectum. The patient tells me that this rectocele is frequently filled with fecal matter.

Rectocele is a rare disease when existing alone; it is very frequently met with as a sequel of prolapse. The proper treatment will be either by a globe or sponge pessary. As the woman complains of costiveness, I shall order her an enema every morning, or if she prefers it, she may try the following excellent aperient mixture:—

R. Pulv. glycyrrhizæ rad.,	
Pulv. sennæ	℥ss
Sulphuris sublim.,	
Pulv. fœniculi,	℥ij
Sacchar. purif.,	℥iss. M.

Sig.—One teaspoonful in half a cup of water, at bedtime.

The surgical operation for rectocele is to denude an elliptical or circular space on the vaginal surface of the tumor, and then purse up the tissues by passing a threaded needle in and out, around the edges. I think that the pessary will answer all remedial purposes in the present case.

#### Polypus of the Uterus.

The patient has been married many years. She has been suffering for some time past, from menorrhagia and dysmenorrhœa. She came to me some three weeks ago, bleeding most alarmingly, and told me that she was never free from slight dribbling of blood. Upon examination, I found a large circumscribed tumor, occupying the uterus and vagina. I gave the patient dialysed iron. Yesterday she returned here, looking vastly improved, and telling us that the constant bleeding had stopped altogether. To-day, I bring her before you to make another examination. I find that the tumor has been forced partly out of the uterus, and now hangs out of the os, like the clapper of a bell. The iron probably acted by thickening the woman's blood.

A polypus is a pedunculated tumor of the womb. In addition to the polypus there are three kinds of fibroid tumors: the *mural*, *sub-mucous*, and *subperitoneal* myoma of the womb. Some physicians divide polypi of the womb into four varieties, but there is practically no difference between them. A polypus is very unlikely to return after it has been removed. Polypi are sometimes multiple. The more open is the os uteri, the easier it is to remove a polypus. In making your diagnosis of a polypus be sure not to confound it with an inverted womb. The *ecraseur* has very often been applied to an inverted womb, mistaking

it for a polypus. A polypus is insensitive, the womb is highly sensitive. When the tumor is an inverted womb, a rectal examination will always show a cupped depression. Always pass your sound before attempting to cut off a polyp. Supra-pubic palpation will reveal the womb present in, or absent from, its normal position, as the case may be. It is sometimes extremely difficult to get at the pedicle of a polyp. Here I cannot get the polypus altogether out of the uterine cavity, but I can distinctly feel its pedicle. The womb is not quite two and a half inches long. I think the polyp has pulled the fundus down slightly.

I intend to use the wire *ecraseur* in this case. The wire may break, but I am prepared for that accident. I fasten both ends of the wire to the travelling button, so as to get a crushing action. I am using for my loop a piece of piano wire; wire used for producing the upper notes of the piano. The tumor is a large one, and, as you see, the bleeding from its delicate surface is extensive. If a polypus fills up the vagina completely, so much so that you cannot find room to apply the *ecraseur*, you may either (1) deliver it with the forceps, as you would the head of a child, or (2) you may put the *ecraseur* around as large a portion of it as possible, and so remove it piecemeal. Some years ago I had to perform three operations to get the whole mass away. Be very careful that you do not catch some part of the womb with your encircling wire. You see how easily I have brought this growth away. I have never had a single bad symptom follow this operation in my hands; of course, this has been a piece of good luck.

How do I explain the dysmenorrhœa? The presence of this tumor has, of course, determined the flow of an unusual amount of blood to the womb; as the tumor was a highly vascular organ it became enlarged and blocked up the os internum. There is very little bleeding here, so I shall not make any injections of styptics. The nurse must watch the woman carefully, and keep her very quiet. If there be any sign of peritonitis she must take large doses of quinia and opium. The vagina should be thoroughly cleansed daily, with carbolic acid.

#### Electricity in Nervous Vomiting.

Professor Semmola states that since 1858, when he published his first case, he has had numerous opportunities of observing the complete and prompt efficacy of electricity by the continuous current, in nervous vomiting. Not only is it a certain and speedy remedy in this form of vomiting, but it is also of great utility in assisting the diagnosis of vomiting from organic causes, for in all cases in which this is not primarily and exclusively nervous, the application of electricity in order to secure the toleration of food is useless.



## EDITORIAL DEPARTMENT.

## PERISCOPE.

## Nitrite of Amyl as an Antiperiodic.

Dr. W. E. Saunders writes to the *Lancet*:—

Finding, as I did, that quinine did not give the satisfactory results I had been led to suppose from the current literature of the day, I was induced to try to find some drug that would act more surely and with greater effect than did quinine. This was more necessary since quinine was daily becoming scarcer, while the demand for it had increased. I tried nearly every form of treatment that I had heard of, but found nothing to rely on in most cases. After carefully comparing the cold stage of ague with the collapse stage of cholera and other diseases in part resembling it, I came to the conclusion that the collapse stage was practically the same in all, and that one form of treatment would accomplish what was required. I then found that nitrite of amyl was the remedy I wanted, and accordingly used it in two or three minim doses, by inhalation. The result was that I found I could remove the cold stage of ague in five or ten minutes, and that the hot and sweating stage was reduced in like proportion. I wrote a paper explaining my theory, and illustrated by cases, which may be found in the April number of the *Indian Medical Gazette*, and again in the November number of 1876. I tried to induce my friends to adopt it, and one or two did, successfully; but the great objection appeared to be that, on account of the difficulty of giving it in small doses, it was too dangerous a remedy. I have since read, in the columns of your journal, that Messrs. Allen and Hanburys, of Plough Court, have introduced capsules containing five minims of nitrite of amyl, which ought to meet this objection. Few of my cases required more than fifteen grains of quinine altogether, and a relapse seldom followed. I have had but few failures, and these were in cases where the rigors of catarrhs took the form of an attack of ague, on coming to an English winter, after repeated attacks of ague and long residence in India.

I do not for one moment mean to say that the use of quinine should be discontinued; for there is no medicine so useful in preventing chills, more especially when combined with small doses of opium, and in removing that toxic state which results after oft-repeated attacks of ague. It is very useful, also, in that ill-developed form of intermittent fever so frequently met with in the tropics. Many drugs will often prevent a recurrence, such as bromide of potassium, chloral hydrate, etc.; but I know of nothing that will stop or at once cut short the cold stage of ague but nitrite of amyl.

## Home-sickness as a Disease.

The last published volume of the *Dict. de Médecine* has an interesting article on nostalgia, by Dr. H. Rey. He regards it as a form of insanity. It is not often observed in childhood nor in advanced age, and is much less frequent in women than in men. It is most common in the young conscript drawn from the country, who enters the infantry; the town lad is too much accustomed to change and the bustle of life; whilst the cavalry soldier is too much occupied to have time to think over his separation from the place where his affections are centred. M. Rey states that the men of Bretagne are most liable to home-sickness, as many cases occurring in those from this district as from the whole of the rest of France put together. The symptoms of nostalgia are, that the patient becomes sad and taciturn, forbears to eat, retires to weep alone, and gives himself up to long reveries of home. After a time, if he goes beyond this first stage, he begins to bear the aspect of ill-health, and suffers from headache and sleeplessness; and if the disease still advances, delirium, prostration, diarrhoea, and marasmus come on, terminating in death. Sometimes, he says, even old soldiers do not escape the malady. It is in hard times that this occurs, when fighting has to be done in retreat, and when other troubles are added to the bitterness of defeat; when he feels himself forsaken; when he is exposed to cold, is hungry, has to sleep on damp soil, and is suffering frightful thirst from his wounds; perhaps is taken prisoner, or droops under the diseases that spring from misery—scurvy, typhus, or dysentery; under these circumstances, the remembrance of the country he has left behind him, of the mother, the wife, or the home, awakens and brings a tear into the eyes of the bravest.

## New Method of Dressing Stumps.

Dr. Ed. Gaurreau, of Quebec, describes, in the *Lancet*, the method he adopts, as follows:—

We shall suppose an amputation at the wrist. I apply the tourniquet over the brachial artery; I cut my flaps very carefully, that they may adjust as closely as possible; and I bring the divided parts together, and keep them in apposition by means of strips of linen one inch in width, soaked in a solution of equal parts of tincture of muriate of iron and water. I lay my strips first horizontally, and then spirally, using moderate and uniform pressure, so as to prevent subcutaneous oozing of blood, and I further saturate the compresses with iron. I now slightly turn the screw of the tourniquet, to allow of a little blood to reach the bandages. The blood coming in contact with the iron

undergoes a chemical change, and forms a thick adhesive mass, which closes the lips of the wound, and excludes all contact of air. Shortly afterward I remove the tourniquet, when no hemorrhage can take place, owing to complete closure of the wound and through compression over the veins and arteries. To ensure the latter effect more thoroughly, I previously envelop the limb up to the elbow with rollers of bandage firmly and moderately placed from below upward. As regards the use of the tourniquet, perhaps it would be better still to substitute Esmarch's elastic bandages.

The points of practical importance gained by the method I submit are the following. The wound heals by first intention; the healthy living tissues uniting without suppuration, or, in other words, no "putrefactive fermentation" takes place, just the same condition—the aseptic—as claimed for Professor Lister's method; the non-use of ligatures and sutures, a frequent cause of septic mischief; and last, though not least, its simplicity and astonishing results.

I confess I have had few opportunities of testing the merits of my plan of treatment, but the whole process is based upon such scientific principles that I dare hope that it will be essayed by many, and the result honestly reported

#### Plan for Allaying Irritation of the Mammary Glands.

Dr. Hugh Miller, of the Glasgow Lying-in Hospital, says, in the *Edinburgh Medical Journal*—

"For some time I had been dissatisfied with my management of the breasts where an active treatment of them had to be employed. I had used the various liniments and ointments, and I was satisfied that frequently only an imperfect trial was given to the remedy, since complaints were made that repeated frictions could not be persevered in, owing to their increasing instead of relieving the pain; and in those cases where rubbing in the remedy was an essential to the treatment, I thought the objection, when urged, was a reasonable one. With a view to avoid friction and to secure the full therapeutic effect of the belladonna, I had an alcoholic extract prepared, of double the strength of the emplas. belladonnæ, but kept fluid by collodion. Camphor was combined with it, for the purpose of aiding to arrest the natural mammary secretion. This preparation, now shown, is painted on the breasts much in the same way that you would use blistering fluid. No rubbing in is necessary. The fluid dries quickly, is much more cleanly for the patient, has a less offensive odor than the ointment, and, in my experience, it is more reliable in its action.

This liquid preparation is painted over the affected parts of the breast night and morning, until the acute symptoms give in. Indeed, it can only be of service as a good local sedative when the free and frequent application of it to

the affected part has been persevered in until decided results are secured. During the past year I have used this preparation with very satisfactory results. Whether the inflammatory irritation accompanying the onset of the lacteal secretion had for its exciting cause exposure to cold, inflamed nipples, or obstruction in the lacteal ducts, the preparation has always seemed to be of value. I have also used the preparation beneficially, by applying it to both breasts every day, when the mother did not intend to suckle her child; and from the frequent opportunities I have had of observing the result, I am satisfied that it may safely be relied upon for restraining the secretion of milk, and acting on the walls of the arterioles so as to prevent engorgement. It has the advantage over the old plan of evaporating lotions, in that it is more cleanly, and is more comfortable to the patient.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—A number of interesting observations on the transpirations of plants are contributed to the *American Naturalist* for March, by Dr. J. M. Anders, of this city. They strongly illustrate the importance of silviculture.

—In a reprint from the *American Medical Bi-weekly*, Dr. A. B. Cook sets forth the so-called "radical cure" of piles by carbolic acid injections. Besides explaining the process, he shows up the arrant quackery with which it has been exploited in the Western States.

—Dr. L. Duncan Bulkley, of New York, has forwarded us reprints of his "Analysis of 774 cases of Skin Diseases," and his Address before the International Medical Congress, on the question whether eczema and psoriasis are local or constitutional disorders. He inclines to the view that they are both constitutional diseases.

—The treatment of old dislocations of the shoulder by subcutaneous section of the humerus and the formation of a false joint, is discussed by Dr. J. Ewing Mears, in a reprint from the *Transactions of the College of Physicians*, of Philadelphia.

—"Clinical Gynecology," a reprint from the *Richmond and Louisville Medical Journal*, by Dr. W. H. Wathen, contains five clinical cases from private practice.

—Dr. Wm. Dickinson, of St. Louis, sends us two brief descriptions of cases of hemiopia and of ptosis-mydrasis-strabismus.

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**THE REGISTRATION OF PHYSICIANS.**

A curious example of the ease with which laws are passed without intelligent criticism, and also of the ambiguous phraseology which so often enables an adroit attorney to wrest a statute from its real aim, is presented by an Act approved by the Governor of this State, March 24th, 1877, entitled, "An Act to Protect the People of the Commonwealth against Incompetent Practitioners of Medicine, Surgery and Obstetrics."

The third section of this Act was framed in the following words:—

"SECTION 3. *Before any person shall engage in the practice of medicine, surgery or obstetrics in this Commonwealth, or who has not a diploma as provided for in section second of this act, such person shall make affidavit under oath or affirmation, before the Prothonotary of the county where such person intends practicing, setting forth the time of continuous practice, and the place or places where such practice was pursued in this Commonwealth; thereupon the Prothonotary shall enter the same of record in a book specially provided therefor, to be kept in his office and open to the inspection of the public; and for such services he shall receive the sum of two dollars, to be paid by the affiant, one-half for the use of the Prothonotary, the other for the use of the county.*"

Now, on reading this section attentively, it apparently means that every practitioner, whether he has a diploma or not, should register himself in the office of the Prothonotary. Such, in fact, was the intention of its writers. But the phraseology is so obscure, and the use of the particle *or*, which, in English, is unfortunately both a disjunctive and a conjunctive (equivalent to both *seu* and *vel* in Latin), so uncertain, that the courts have held (assuming the conjunctive sense of *or*) that only those practitioners who have not a diploma are called upon to register.

The result of this construction has been that all the advantages of registration have actually been gained by those who merit them the least.

These advantages are many. In the first place, a historic and official record of the physi-

cians of a county is preserved in the archives of the county; again, a check, and an efficient one, is placed on peripatetic sons of Esculapius, who are not allowed to come unheralded and depart unknown, as is their wonted way; the science of statistics is aided by a knowledge of the numbers of physicians in given communities; and the *morale* of the profession is heightened by the obligatory publicity given to the past history, and, in a sense, to the qualifications of its individual members.

But all this gain was frustrated by the incompetent wording of the statute. A memorial therefore has been presented to the legislature, asking that a supplement to the act be passed, in which the following words shall be substituted for those which we have printed in italics:—

"It shall be unlawful for any person to engage in the practice of medicine or surgery in this Commonwealth, who has not under oath or affirmation made affidavit before the Prothonotary of the county wherein such practitioner resides, giving native country, the name of the Institution which has conferred the degree of Doctor of Medicine and any other degree, together with the time when such degree or degrees were conferred, and in case of those practitioners who have not obtained the degree of Doctor of Medicine, the time, etc."

What the memorialists especially desire is this, that registration should be uniform and impartial, and that it should be made under oath or affirmation, as in the case of the attorney at law. The responsible relations of the profession to the people fully warrant these conditions; and we believe no honorable practitioner of medicine will object to them or to the expenses of the same.

There are few civilized countries where a regulation of this sort is not in force. Even several of the South American Republics, commonwealths which we are by no means inclined to put ahead of our own in the march of progress, have for many years insisted on such a registration. Wherever it has once been effected, its manifest advantages have led to its perpetuation.

## NOTES AND COMMENTS.

### The Diagnosis of Tumors in the Brain.

In a recent paper before the Manchester Medical Society, Dr. Dreschfeld pointed out that tumors situated in the cortical portion of the ascending parietal and ascending frontal convolutions (the motor sphere) give rise to symptoms corresponding to those produced by lesions of the corpora striata; while tumors in the anterior lobes produce phenomena more strictly psychical. Lesions of the cortex in either of these situations are accompanied with convulsions or epileptiform seizures. Where the motor sphere is affected, these attacks are invariably preceded by an aura, whereas no aura occurs in convulsions which are due to lesion of the anterior lobes. In the case of this latter lesion, the convulsions are characterized not only by the absence of an aura, but by the comparatively slight muscular contractions and by the long and persistent unconsciousness. When the disease affects the medullary portion of the anterior lobes, the fibres of which are, for the most part, unconnected with the central ganglia, there is absence of paralysis, both of motion and sensation. Lesions of the anterior lobes involve a disturbance of the higher intellectual functions; there is no delirium or mania, but a condition of apathy or dementia. The patient is lethargic, speaking only when spoken to. Vomiting is not common, owing to the distance of the affected part from the nucleus of the pneumogastric. On the other hand, optic neuritis may or may not be present, and headache is a constant symptom.

### Glycerine in Diabetes.

Professor Bouchardat, from late researches on this subject, states that this drug, in subjects strongly attacked with the disease, seems to do harm rather than good, if their regimen be not also changed. In certain cases it acts more favorably, viz., if the quantity of glucose eliminated in the twenty-four hours is only small, when it aids the disappearance of the last traces; but it may be doubted whether this is or not a mere coincidence. In emaciated diabetics, or those suffering from habitual constipation, useful effects have followed its administration. He usually gives it in moderate doses, from a teaspoonful to two table-spoonfuls, in tea, coffee, white wine, or water.



Given in larger doses the glycerine is only partially absorbed, or a portion passes off in the urine. In glycosuric constipation, two tablespoonfuls with one of salt, as an enema, are often useful; and Prof. Bouchardat frequently orders chocolate, in which the sugar is replaced by glycerine.

#### Prevention of Arsenic Poisoning.

The poison most commonly used for criminal purposes is arsenic, its tastelessness preventing the victim recognizing it. In view of this Dr. Jeannel, of Paris, proposes that druggists shall sell arsenic to the public only when so combined that it immediately attracts attention when added, either by accident or design, to food. The plan has not been overlooked, for there is an official mixture in which the arsenic is combined with peroxide of iron and a small quantity of aloes, but it is not sufficiently characteristic, and he calls attention to a mixture termed Grimaud's mixture. This consists of one centigramme of iron sulphate and one of potassium cyanide to each gramme of arsenious acid, forming a light-blue powder. On being moistened, however slightly, it becomes of a rich blue color, whilst the taste is so distinctly chalybeate that it is impossible to overlook its presence in any article of food. It has the advantage of not altering or interfering in any way with the therapeutic properties of the arsenic.

#### Atheromatous Degeneration of the Arteries.

This degeneration, consisting of a thickening of the arterial coats, by the deposition of a yellowish substance, composed of earthy carbonates and phosphates, combined with fatty matter, while common to advanced life, has usually been supposed to be especially so in drunkards.

Some recent researches of Dr. Gubler disprove this. It is rather hastened by insufficient food. The rich who abuse themselves with alcoholic liquors remain free from it to a much greater age than the indigent who are sober. The monks of La Trappe, who fast severely and always lead a painfully abstinent life, are attacked with it at an early age, even at thirty years.

Water also has much to do with it. Such degenerations occur more frequently in calcareous than in siliceous regions, owing, no doubt, to the earthy salts held in solution by the drinking water.

#### Hydrocyanic Acid as an Antidote to Opium Eating.

In the January number of the *Atlanta Medical and Surgical Journal*, Dr. W. C. Blalock reports three cases of confirmed opium habit greatly improved, and in one instance entirely restored, by the employment of hydrocyanic acid.

In some cases the acid is gradually reduced toward the close of treatment, while in others it is suspended at once, without inconvenience. The following is the form in which he gives the acid:—

R. Diluted hydrocyanic acid,	gtt. xlviii
Simple syrup,	f. ʒij
Water,	f. ʒj
Red aniline,	gr. xv.

Dose.—One teaspoonful at 7 A.M., 12 M. and 8 P.M. The red aniline serves no other purpose, of course, than to give it a beautiful red color.

#### Jaborandi in Hydrophobia.

In the *British Medical Journal*, January 5th, 1878, Dr. J. G. S. Coghill proposes jaborandi as a remedy in hydrophobia, from observation of two cases of the disease in man. It is interesting to note that Dr. Coghill was anticipated in this suggestion by the writer of the article on hydrophobia in Napheys' *Surgical Therapeutics* (p. 165), and from the same course of reasoning. It is to be hoped the drug will receive a fair trial in this generally fatal disease.

### CORRESPONDENCE.

#### Vertigo.

ED. MED. AND SURG. REPORTER:—

I have had, within the last six months, two well-marked cases of vertigo and imperfect vision (and to the patients alarming), from the use every other day, for several weeks in succession, of Dean's patent rheumatic pills, supposed to be from the narcotic property of poke root, said to be in them. One patient had double vision and ringing in the ears. The other had a rapid whirling sensation in the head. Judging from these two well-marked cases, I think many cases of vertigo have occurred from the same cause, and the attending physicians have considered that the attacks were the result of disease of the brain. I thought so in my first case, until I had had the second one, evidently from the same cause. Both patients were large and fleshy, and past middle life.

N. L. FOLSON, M.D.

Portsmouth, N. H.

## Cold Locally, in Croup.

ED. MED. AND SURG. REPORTER:—

In your estimable journal of March 2d, 1878, under the head of "The Ice Water Treatment of Croup," is illustrated a case which, in its results, so happily coincides with similar cases of my own, that I am tempted to offer this testimony in favor of cold applications in croup. I have never used the ice water, but I have used cold compresses, as recommended by Professor Niemeyer. On my first visit to a case of inflammatory croup, I order a sufficiently large cloth to be saturated with very cold water; I then wring most of the water out, and apply the compress with my own hands. The patients usually object to the first application, but in a short time they experience such marked relief that they will call for a second application. I order them continued incessantly. I have in almost every instance noted decided and immediate results from such treatment. It seems to have a tranquillizing effect upon the whole nervous system, the breathing becomes easier, and the patient soon drops into a quiet sleep. My experience with this disease is not very extensive, yet amply sufficient to dispel any doubts as to the efficacy of this plan of treatment. In connection with the cold applications, I give veratrum, potass. chlo., emetics, etc., as the symptoms indicate. I have used cold compresses in pneumonia, with gratifying results, and should a case of puerperal peritonitis present itself, I should not hesitate to apply cold water, by means of a compress, to the abdomen. In croup, the local application of cold is certainly a decided measure, and one of great utility. It deserves a trial at the hands of every one who is not experienced in its use.

W. N. SHERMAN, M.D.

Attica, Ind.

## NEWS AND MISCELLANY.

## MEDICAL COMMENCEMENTS.

## Jefferson Medical College.

The fifty-third annual commencement of this college took place on the 12th instant. The graduates numbered 203. Prof. Eilerslie Wallace stated that he was in receipt of a note from the Dean, Professor Biddle, announcing that, by reason of illness, he would be unable to be present, and requesting that gentleman to take his place upon the programme. In obedience to this request, Professor Wallace, with his usual dignity, then proceeded to the discharge of his very pleasant duty of announcing the names of the graduates entitled to receive the degree of doctor of medicine. This over, E. B. Gardette, M.D., president of the Board of Trustees, conferred the degree upon the following-named graduates:—

*Pennsylvania.*—James W. Abernethy, William M. Angney, Aaron H. Appel, George F. Arney, Herbert A. Arnold, Theodore S. Bach-

man, Cornelius Bartholomew, Norman G. Berkey, Wilson S. Berlin, Austin Best, George V. Bickel, Clement Biddle, Joseph H. Bittinger, Robert R. Bowman, Jacob H. Boyer, John Ely Bready, John S. Bryan, Abner C. Calvin, J. Moore Campbell, Hiram J. Smith, Edwin S. Smock, Gideon D. Spengler, Charles M. St. Clair, Thomas F. Stockdill, Julius Stricker, Samuel B. Talmage, Eli J. Thomas, James A. Thompson, John C. Thompson, Eli J. Zook, B. Frank Zerbe, Henry F. Worner, G. W. Wintersteine, Frank Winter, Irving D. Willtrout, E. T. Wilhelm, D. Emmet Welsh, James N. Walker, Daniel B. Holzburg, Charles B. Hough, D. E. Hughes, W. E. Hughes, David Hunter, S. A. Hunter, Robert P. R. Huyett, Alexander W. Jackson, Charles W. Karsner, Louis A. Kelly, Henry E. Keylor, Logan M. Kifer, Wilson L. Kutz, Thomas B. Leas, A. K. Lober Knight, John G. Lee, Henry C. Lessig, James L. Lowry, L. Lowengrund, J. Howard Lott, Robert P. Long, William E. Lloyd, James Lincoln, Samuel J. Liggett, Eli W. Martin, William B. Means, George V. Mears, John D. Mercur, John L. Millikin, Henry C. Chapman, T. Ellwood Conard, M. John Cummings, John C. DaCosta, Homer B. Day, W. F. Decker, Jr., J. H. DeWolf, J. Dale Dillon, Michael A. Donnelly, Howard H. Drake, John H. Dripps, B. A. Emery, E. M. Emrick, M. R. Evans, William D. Fink, L. Webster Fox, Joseph Frantz, S. Fuller, Jr., Henry S. Funk, James E. Gamble, A. M. Gontner, John W. Gordon, R. E. Griffith, A. B. Harbison, M. A. Hengst, John D. Henning, George E. M. M. Herbst, Francis E. Himmelwright, Henry Morris, Jacob L. Mowery, David S. Moyer, U. S. Musser, Auley McAuley, M. D. McCandless, Samuel C. McClure, S. M. McCollin, John H. McMonagle, John W. Park, Charles H. Pollock, W. H. Randall, F. W. Redeker, Thomas C. Rich, C. W. Richards, E. S. Rosenberger, James W. Sampsel, N. Schenkel, C. H. Scott, H. T. Seasholtz, John H. Seltzer, Nevin B. Shade, George G. Shively, Amos H. Smith, and David D. Smith.

*Illinois.*—John E. Alvord, George W. Ellinger, William D. Hurford, E. B. Montgomery, F. D. Rathbun, John Postlewait, A. T. Wakefield, and H. M. McClanahan.

*Ohio.*—Edward S. Bell, C. T. Gale, John M. Hastings, J. H. S. Hutchinson, J. J. Owen, Charles F. Patterson, Benjamin S. Storer, J. D. Thompson, and J. M. Wilson.

*West Virginia.*—James H. Brownfield, W. K. Curtis, M. W. Glass, and Charles W. Smith.

*New Jersey.*—Walter C. Browning, Charles F. Fidler, Charles F. Goodno, Walter E. Hall, H. P. Hough, A. H. Hulshizer, William S. Jones, F. W. Oliver, Joseph P. Turner, James A. Walsley, and Joseph M. Wells.

*North Carolina.*—Thomas E. Anderson, W. W. Farnson, Wm. D. Hillard, and John O. McKenzie.

*New York.*—F. H. Carrier, C. L. Dodge, Le Roy Lewis, and E. T. Palmer.

*Texas.*—J. W. Cavitt and George P. Hall.

*Kentucky.*—Frank T. Davis, H. Horace Grant, J. W. Hill, J. T. Stewart, and C. T. Wallace.

*Kansas.*—Henry A. Brown.

*Massachusetts.*—U. H. Flagg, W. H. Judson, and Henry S. Knight.

*Missouri.*—Joseph R. Hamer, W. E. Lewis, A. B. Miller, Lambert Ott, J. W. Taylor, and H. W. Hermann.

*California.*—L. E. Hudson, John H. Lewis, and C. E. J. Sajous.

*Delaware.*—Harvey C. Kemble and P. W. Tomlinson.

*Tennessee.*—John C. Moore and G. C. Savage.

*Indiana.*—Frank O. Ferrell and John G. Stair.

*Mississippi.*—William H. Randle.

*Maine.*—Alton Sawyer.

*Georgia.*—William A. Thomas.

*Minnesota.*—Charles W. Tinker and Edward L. Mellus.

*South Carolina.*—Frank P. Walker.

*New Brunswick.*—William W. White and Robert L. Rotsford.

*Washington Territory.*—J. Francis Cropp.

*Iowa.*—Denison A. Hurst.

*Arizona.*—John Skilling.

*Sweden.*—Hubert F. Præger.

*Canada.*—John McSorley.

*Ireland.*—Joseph Martin.

*Cuba.*—Saturninus M. Jimenez and Juan J. Casanova.

*Central America.*—Rodolfo F. Herdocia.

Professor Wallace then awarded the following prizes:—

1. A prize of \$100, by H. C. Lea, Esq., for the best thesis, to Menny Morris, of Pennsylvania, with honorable mention of the theses of John H. Seltzer, of Pennsylvania; G. E. M. Herbst, of Pennsylvania; F. D. Rathbun, of Illinois; F. H. Carrier, of New York; Le Roy Lewis, of New York; D. B. Holsburg, of Pennsylvania; and S. A. Hunter, of Pennsylvania.

2. A prize of \$50, for the best essay on a subject pertaining to the theory and practice of medicine, or to physiology, to Daniel E. Hughes, of Pennsylvania, with honorable mention of the essays of A. B. Miller, of Missouri; Juan J. Casanova, of Cuba; E. L. Mellus, of Minnesota; J. M. Hastings, of Ohio, and W. H. Judson, of Massachusetts.

3. A prize of \$50, for the best surgical essay or the best anatomical preparation, divided between D. D. Smith, of Pennsylvania, and Wickliffe K. Curtis, of West Virginia, with honorable mention of the essay of H. W. Hermann, of Missouri.

4. A prize of \$50, for the best essay on a subject pertaining to obstetrics and diseases of women, or to therapeutics and materia medica, to Joseph R. Hamer, of Missouri, with honorable mention of the essays of C. E. L. Sajous, of California; Irving D. Willtrout, of Pennsylvania; H. M. McClanahan, of Illinois; W. M. Angney, of Pennsylvania; S. M. McCollin, of Pennsylvania; Joseph Martin, of Ireland, and David Hunter, of Pennsylvania.

5. A prize of \$50 for the best essay on a

chemical subject, to Clement Biddle, of Pennsylvania, with honorable mention of the essays of John H. Dripps, of Pennsylvania, and M. J. Cummings, of Pennsylvania.

6. A prize of a gold medal, by the Demonstrator of Surgery, for excellence in bandaging, to H. M. McClanahan, of Illinois, with honorable mention of C. E. L. Sajous, of California, and F. D. Rathbun, of Illinois.

7. A prize of a gold medal, by R. J. Levis, M.D., for the best report of his surgical clinic at the Pennsylvania Hospital, to Walter E. Hall, of New Jersey, with honorable mention of the reports of H. M. McClanahan, of Illinois; Henry Morris, of Pennsylvania; David Hunter, of Pennsylvania, and J. M. Hastings, of Ohio.

Dr. Levis, in presenting the last-named prize, spoke in the highest terms of the proficiency of Dr. Hall, as was evidenced by him in his report.

#### Medical Department of the University of Pennsylvania.

The commencement of this institution took place on Friday, the 15th. After the opening ceremonies, Professor D. Hayes Agnew, M.D., LL. D., delivered an address commemorative of the endowment of the John Rhea Barton Chair of Surgery and Clinical Surgery. The honorary degree of Doctor of Laws was conferred upon the Honorable John Welsh, envoy extraordinary, and minister plenipotentiary to the Court of St. James. Professor Charles J. Stillé then conferred the degree of Doctor of Medicine upon the following graduates:—

*Pennsylvania.*—Harvey N. Abbott, Arthur G. Allan, Hobart Allport, Thomas H. Baker, Eli S. Beary, William M. Bemus, Martin L. Bertolette, James H. Bissell, Samuel C. Blair, Homer C. Bloom, John S. Booneman, William C. Bovard, Christian H. Brown, John A. Capp, S. Morrow Crawford, Mercer B. Croll, John W. Crumbaugh, John B. Deaver, Clifton Dowlin, John M. Dunn, John K. Foulkrod, R. B. Glasgow, E. B. Gleason, F. M. Good, J. A. Hagerman, W. J. Hain, G. H. Halberstadt, W. E. Hallock, R. H. Hammill, H. D. Harvey, J. B. Heller, Jr., L. B. Hughes, E. Jackson, E. P. Jefferis, C. J. Kille, H. B. Lathrop, T. N. Leib, A. D. Leonard, J. B. Lewis, H. J. Linn, G. Littell, W. R. Little, J. H. Lloyd, W. S. Long, J. W. Macfarland, John Marshall, Truman J. Martin, Calhoun Megargee, D. J. Miller, Edwin S. Miller, George Miller, J. Wayne T. Miller, Isaac H. Moore, Casper Morris, Jr., Sterling Morrison, Walter A. Murphy, Peter McGough, Jr., Dennis L. McKinney, Charles F. Palmer, Emlen Physick, George S. Polis, Jr., George Price, Charles H. Reed, William Boardman Reed, Horace K. Regar, J. Paul Reynolds, Jacob L. Sandoe, Charles H. Saul, Frank Foster Scott, Clarence C. Seabrook, Charles M. Seltzer, William O. Smith, John C. D. Stauffer, Charles T. Steck, Oscar D. Swayer, John M. Taylor, J. Richard Taylor, Cyrus Trego, F. J. Wagenseller, James Wilson Walk, James Wallace, Thomas C. Walton, William G. Weaver,

John B. Weston, Moses A. Yingst, Gustavus A. Zimmerman.

*New Jersey.*—Charles Bispham, Jr., O. B. Gross, H. A. Hutchinson, R. C. Hutchinson, C. A. Jewell, H. T. Johnson, James R. Miller, William H. Shipps, James D. Tautum, H. G. Wetherill, Frank E. Williams, Alexander Williamson, James H. Wroth.

*New York.*—Frank E. Maine.

*North Carolina.*—Kindred Baughm, Cornelius G. Bryan, T. B. Lawrence.

*Nova Scotia.*—J. Ross Smith, Howard D. Wilson.

*Brazil.*—J. de P. L. Barros, T. B. Gaston.

*Delaware.*—Presley S. Downs, T. F. Hicks, James B. R. Powel, Jr.

*Maryland.*—W. F. H. Edwards, W. C. Johnson, Franklin B. Smith.

*Minnesota.*—J. M. Harrison.

*Illinois.*—R. H. Harte, W. W. Jones, William M. Shultz.

*Alabama.*—H. P. Hirshfield.

*Cuba.*—Frank P. Ramirez.

*Florida.*—Richard T. Wethington.

*Michigan.*—H. C. Huff.

*Ohio.*—Leon B. Santee.

*Turkey.*—Hagob K. Nurian, V. Avedis Yeretjian.

*Venezuela.*—B. Morquera.

*Wisconsin.*—James Oettiker.

*Wyoming.*—Joseph C. Moore.

William Goodell, A.M., M.D., Professor of Clinical Gynecology, delivered the valedictory address, and was listened to throughout with marked attention, both by the graduates and audience. It consisted mainly of advice to the young physicians, and set forth many obstacles they would necessarily encounter.

A handsomely framed portrait of Francis Gurney Smith, M.D., Emeritus Professor of the Institutes of Medicine, was presented to the University, on behalf of the graduating class. Dr. James W. Walk, a member of the graduating class, delivered the presentation address.

Professor Alfred Stillé, M.D., LL.D., received the portrait, on behalf of the University, in an appropriate address.

The exercises were closed with the benediction by Rev. Dr. Krauth, Vice-prevost of the University.

#### Women's Medical College.

The twenty-sixth annual commencement of the Women's Medical College of Pennsylvania was held Thursday, March 14th. At twelve o'clock the exercises proper begun by the entrance upon the platform of the corporators, faculty, students, and graduates, the orchestra at the same time performing a march from "Faust." Rev. Henry C. McCook offered prayer, and T. Morris Perot, Esq., President of the Board, conferred the degree of doctor of medicine upon the following ladies:—

*Canada.*—Charlotte L. Merrick.

*Delaware.*—Josephine M. R. White.

*England.*—Beatrice C. Gilchrist.

*Massachusetts.*—Ann M. Grace.

*New Jersey.*—Sophronia A. Tomlinson.

*New York.*—Jeannette B. Green, Edith M. Gould, Georgiana E. Young.

*Ohio.*—Ida Clarke.

*Pennsylvania.*—Emily B. DuBois, Mary I. Green, Rebecca C. Hallowell, Mary A. Henderson, Catherine E. McCord, Caroline V. Wiley.

*Russia.*—Vera F. Bary.

*Utah Territory.*—Ellie R. Shipp.

The valedictory address was delivered by Professor Benjamin B. Wilson, M.D.

#### College of Pharmacy.

The Fifty-seventh Annual Commencement of this Institution took place March 15th. The degree of graduate in Pharmacy was conferred on ninety-nine students.

The valedictory address was delivered by Professor John M. Maisch.

#### The Alumni Meetings

Of the colleges in this city were held last week. At that of the Jefferson Medical College, Dr. D. S. Connor, of Cincinnati, delivered the address. All the meetings were well attended, and a growing interest manifested in maintaining the associations.

#### Typhus Fever in Russia.

A St. Petersburg dispatch states that in consequence of an alarming spread of typhus fever at St. Petersburg many families are leaving the city. The number of fresh cases is estimated at between three hundred and four hundred daily. The fever was brought on the trains from the army. In many parts of the empire, no doubt, the same pest will appear, or has already done so. During and after the Crimean war it committed great ravages among the populations.

#### Items.

—A quantity of correspondence, queries, etc., is necessarily laid over this week, to make room for the reports of the Commencement.

—At the Clinical Department for Diseases of the Ear, under the charge of Laurence Turnbull, M.D., at the new Jefferson Medical College Hospital, over one hundred new and unusually interesting cases have been treated, twelve operations performed, and 550 daily visits made. The daily clinic, at 1 P.M., is free to such physicians and medical students as choose to avail themselves of the opportunities offered to increase their knowledge of aural diseases.

#### Personal.

—Robert D. McClure, who was convicted in December last of forging a diploma of veterinary surgery, was sentenced, in this city, to an imprisonment of nine months and a fine of \$200.